SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P36443** **(0)**

1. Corporation Name
FCP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
300 CONGRESS STREET SUITE 305 QUINCY MA 02169 US	300 CONGRESS STREET SUITE 305 QUINCY MA 02169 US

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **07/25/1994**
4. FEI Number: **04-2867023** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELLINGER, SARA
7130 LAKESIDE DRIVE
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LEARY, KEVIN W	12 NAME		
STREET ADDRESS	6 HOLLY LANE	13 STREET ADDRESS		
CITY-ST-ZIP	COHASSET MA	14 CITY-ST-ZIP		
TITLE	CLD	21 TITLE		☐ Change ☐ Addition
NAME	JEFFERSON, FRANCIS T	22 NAME		
STREET ADDRESS	2353 MASS AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE	D	☒ Change ☐ Addition
NAME	COLIHAM, ABIGAIL	32 NAME	McSorley, John	
STREET ADDRESS	109 ROCKVIEW ST.	33 STREET ADDRESS	300 Congress St.	
CITY-ST-ZIP	JAMAICA PLAIN MA	34 CITY-ST-ZIP	Quincy, MA 02169	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BRUEN, ELLA JANE	42 NAME		
STREET ADDRESS	BOX 2, RT. 80	43 STREET ADDRESS		
CITY-ST-ZIP	KINGSTON MA	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MORRISEY, DONALD	52 NAME		
STREET ADDRESS	7 MEADOW LANE	53 STREET ADDRESS		
CITY-ST-ZIP	SCITUATE MA	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MASON, RAYMOND J	62 NAME		
STREET ADDRESS	10 SOTNE AVE.	63 STREET ADDRESS		
CITY-ST-ZIP	SCITUATE MA	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond J. Mason, Executive Director 7/19/95 617-479-4069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond J. Mason

6/10/95